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Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

SAMANTHA LOPEZ, a minor, by and)
through her Guardian Ad Litem Liliana)
Cortez; SAMANTHA LOPEZ, a minor, by)
and through her Guardian Ad Litem Liliana)
Cortez, as Successor in Interest of David A.)
Lopez, deceased)
Plaintiffs,)
vs.)
THE COUNTY OF SAN DIEGO, a)
municipality; THE CITY OF VISTA, a)
municipality; SAN DIEGO COUNTY)
SHERIFF WILLIAM KOLENDER,)
individually and in his official capacity ;)
SAN DIEGO COUNTY SHERIFF)
OFFICER SHAWNAITKEN, individually)
and in his official capacity ; SAN DIEGO)
COUNTY SHERIFF OFFICER JACOB)
PAVLENKO, individually and in his)
official capacity; SAN DIEGO COUNTY)
SHERIFF OFFICER JONATHAN)
FECTEAU, individually and in his official)
capacity; ARACELI GOCOBACHI, an)
individual; DOES 1 through 20, inclusive,)
Defendants.)

CASE NO. 07CV2028-JLS(WMC)

DECLARATION OF SAMANTHA LOPEZ, A MINOR, BY AND THROUGH HER GUARDIAN AD LITEM LILIANA CORTEZ, TO COMMENCE ACTION AS SUCCESSOR IN INTEREST OF DAVID A. LOPEZ

[CCP § 377.32]

1
2 **I, SAMANTHA LOPEZ, declare:**

3 1. I am the successor in interest of David A. Lopez, deceased. All matters set forth in
4 this declaration are true of my personal knowledge.

5 2. The decedent's name is David A. Lopez. David A. Lopez died on October 21,
6 2006, in Vista, California. I am his surviving daughter.

7 3. A certified copy of the decedent's death certificate is attached hereto as Exhibit 1 and
8 incorporated by reference.

9 4. No proceeding is now pending in California for administration of the decedent's
10 estate.

11 5. I am the decedent's successor in interest, as defined in section 377.11 of the
12 California Code of Civil Procedure, and succeed to the decedent's interest in the action in that I
13 am a beneficiary of the deceased's estate.

14 6. No other person has a superior right to commence the action or proceeding or to be
15 substituted for the decedent in the pending action or proceeding.

16 I declare under penalty of perjury under the laws of the State of California that the
17 foregoing is true and correct.

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20 Date: 5/13/08

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22 Samantha Lopez, a minor by and through
23 her Guardian Ad Litem, Liliana Cortez

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO
GREGORY J. SMITH
ASSESSOR/RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3200637015894

STATE OF CALIFORNIA
USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS
- VS-14 (REV 10/84)

LOCAL REGISTRATION NUMBER

DECEASED'S PERSONAL DATA		1. NAME OF DECEDENT — FIRST (Given) DAVID	2. MIDDLE ARNULFO	3. LAST (Family) LOPEZ				
		AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy 06/06/1979	5. AGE yrs. 27	6. UND R 12 HRS YR Months Days Hours Minutes	7. UND R 24 HOURS Hours Minutes
		8. BIRTH STATE/FOREIGN COUNTRY CA	9. SOCIAL SECURITY NUMBER 571-67-3251	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	11. MARITAL STATUS (at Time of Death) MARRIED	12. DATE OF DEATH mm/dd/yyyy 10/21/2006	8. HOUR (24 Hours) 2012	
		13. EDUCATION — Highest Level (Degree) (see worksheet on back) GED	14/15. WAS DECEDENT IN SPANISH/LATINO (A/P SPANCS17) (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> MEXICAN	16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) <input type="checkbox"/> NO <input type="checkbox"/> MEXICAN				
		17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED LABORER	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) GENERAL CONSTRUCTION			19. YEARS IN OCCUPATION 3		
USUAL RESIDENCE		20. DECEASED'S RESIDENCE (Street and number or location) 216 APOLLO DR #2	21. CITY VISTA	22. COUNTY/PROVINCE SAN DIEGO	23. ZIP CODE 92084	24. YEARS IN COUNTY 27	25. STATE/FOREIGN COUNTRY CA	
INFORMANT'S RELATIONSHIP		26. INFORMANT'S NAME, RELATIONSHIP JULIA LOPEZ, SISTER		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 216 APOLLO DR #2, VISTA, CA 92084				
SPOUSE AND PARENT INFORMATION		28. NAME OF SURVIVING SPOUSE — FIRST ARACELI	29. MIDDLE —	30. LAST (Maiden Name) GOCOBACHI	34. BIRTH STATE MX			
		31. NAME OF FATHER — FIRST FILADELFO	32. MIDDLE —	33. LAST LOPEZ	35. BIRTH STATE MX			
		33. NAME OF MOTHER — FIRST CECILIA	34. MIDDLE —	35. LAST (Maiden) BARRON	36. BIRTH STATE MX			
FUNERAL DIRECTOR/LOCAL REGISTRAR		39. DISPOSITION DATE mm/dd/yyyy 10/27/2006	40. PLACE OF FUNERAL DISPOSITION MISSION SAN LUIS REY DE FRANCIA 4050 MISSION AVE, OCEANSIDE, CA 92057	41. TYPE OF DISPOSITION(S) BU				
				42. SIGNATURE OF EMBALMER ► ERIC TODASH	43. LICENSE NUMBER EMB8839	47. DATE mm/dd/yyyy 10/25/2006		
		44. NAME OF FUNERAL ESTABLISHMENT EL CAJON-LAKESIDE-SANTEE MORTUA		45. LICENSE NUMBER FD1022	46. SIGNATURE OF LOCAL REGISTRAR ► NANCY L BOWEN, MD			
PLACE OF DEATH		101. PLACE OF DEATH MOBILE HOME	102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERICOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospital <input type="checkbox"/> Home/LTC <input checked="" type="checkbox"/> Decedent's Home	103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospital <input type="checkbox"/> Home/LTC <input checked="" type="checkbox"/> Decedent's Home	104. CITY VISTA			
		104. COUNTY SAN DIEGO	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1205 NORTH SANTA FE AVENUE		106. CITY VISTA			
CAUSE OF DEATH		107. CAUSE OF DEATH Enter the chain of events — disease, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vertebro-cervical without showing the etiology. DO NOT ABBREVIATE. (Final disease or condition resulting in death) → (1) MULTIPLE GUNSHOT WOUNDS						
		108. DEATH REPORTED TO CORONER(ER) Time interval between Death and Death Report Name 06-02165						
		109. AUTOPSY PERFORMED? NO						
		110. AUTOPSY PERFORMED? NO						
		111. USED IN DETERMINING CAUSE? NO						
PHYSICIANS CERTIFICATION		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE						
		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO						
		113A. IF FEMALE, PREGNANT IN LAST YEAR? NO						
		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive	115. SIGNATURE AND TITLE OF CERTIFIER ►	116. LICENSE NUMBER MD	117. DATE mm/dd/yyyy 10/21/2006	118. INJURY DATE mm/dd/yyyy 10/21/2006	119. HOUR (24 Hours) 1928	
CORONERS USE ONLY		119. I CERTIFY THAT MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANIER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	121. INJURY DATE mm/dd/yyyy 10/21/2006	122. HOUR (24 Hours) 1928			
		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) MOBILE HOME	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) SHOT BY ON DUTY LAW ENFORCEMENT OFFICER(S)					
		125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP) 1205 NORTH SANTA FE AVENUE, VISTA, CA 92083						
		126. SIGNATURE OF CORONER / DEPUTY CORONER ► STEVEN CAMPMAN						
		127. DATE mm/dd/yyyy 10/24/2006	128. TYPE, NAME, TITLE OF CORONER / DEPUTY CORONER STEVEN CAMPMAN, MD, DME					
STATE REGISTRAR		A B C D E	FAX AUTH. # "012006000347723"			CENSUS TRACT		

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

May 12, 2008

Gregory J. Smith
Assessor/Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder/County Clerk

